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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/904,409
		Filing Date	July 12, 2001
		First Named Inventor	Schrader
		Group Art Unit	2617
		Examiner Name	Kirubel Aklilu
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	164052.03

<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply (25 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5		<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) ( sheets)  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> General Power of Attorney (SB80) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input checked="" type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Copy of this transmittal form
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a))  I hereby certify that this correspondence is being:  <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or  <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (703) _____ <i>16/6/05</i> Date <i>16/6/05</i> Signature <i>Carole A. Boelitz</i> Printed Name <u>Carole A. Boelitz</u>		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

<b>SIGNATURE OF ATTORNEY OR AGENT</b>				
Signature	<i>Carole A. Boelitz</i>		Reg. No.	48,958
Name of Attorney or Agent		Carole A. Boelitz		
Date	<i>16/6/05</i>	Tel.	(425) 722-6035	Facsimile No. (425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:		22971		



Effective on 12/08/05

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4858)

# FEET TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

## Complete if Known

Application Number	09/904,409
Filing Date	July 12, 2001
First Named Inventor	Schrader
Examiner Name	Kirubel Aklilu
Art Unit	2617
Attorney Docket No.	164052.03
Express Mail Label No.	N/A

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0463 Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100  
 Multiple dependent claims 360 180

Total Claims 32 - 32 or HP= 0 x 50 = 0  
 HP = highest number of total claims paid for, if greater than 20  
 Indep. Claims 5 - 5 or HP= 0 x 200 = 0  
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
<u>0</u>	<u>0</u>

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 = <u>0</u>	/ 50 = <u>0</u>	(round up to a whole) number x <u>250</u>	= <u>0</u>	

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

0

0

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) <u>48,958</u>	Telephone <u>(425) 722-6035</u>
Name (Print/Type)	<u>Carole A. Boelitz</u>	Date	<u>10/15/05</u>